

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5757</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>SCOTT MALCOLM</u>  P.O. Box, Bldg., Room No., if any Street <u>944 CHARLES AVE</u> City <u>ST. PAUL</u> State <u>MN</u> ZIP Code + 4 <u>55104-2613</u>	4. Name, file number, and address of labor organization. Name <u>CARPENTERS UNION LAKES AND PLAINS REGIONAL COUNCIL</u> Labor Organization File Number <u>528543</u>  P.O. Box, Building and Room Number, if any Street <u>700 OLIVE ST.</u> City <u>ST. PAUL</u> State <u>MN</u> ZIP Code + 4 <u>55104</u>
5. Position in labor organization. <u>EXECUTIVE SECRETARY/TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Scott Malcolm</u>	On <u>8/8/05</u> <u>651-646-7208</u> Date Telephone Number

Name of Person Filing <b>SCOTT MALCOLM</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ZENITH ADMINISTRATORS**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **7645 METRO BLVD**

City **EDINA**

State **MN**

ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **TWIN CITIES FLOORCOVERS FRINGE BENEFITS FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **7645 METRO BLVD**

City **EDINA**

State **MN**

ZIP Code + 4

11.a. Nature of such dealing.

**THIRD PARTY ADMINISTRATOR  
FOR TWINCITIES FLOORCOVERS FRINGE  
BENEFITS FUND**

11.b. Approximate dollar value of such dealing. **UNKNOWN**

12.a. Nature of interest held or income received.

**GOLF AND DINNER**

12.b. Amount. **\$100**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

**N/A**

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

Scott Malcolm

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UNION BANK AND TRUST CO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 312 CENTRAL AVE SE

City MPLS

55414

State MN

ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TWIN CITIES CARPENTERS AND JOINERS  
FRINGE BENEFITS FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 500

Street 3001 METRO DRIVE

City BLOOMINGTON

55425

State MN

ZIP Code + 4

11.a. Nature of such dealing.

STOCK OWNERSHIP IN  
UNION BANK AND TRUST CO  
40 SHARES

11.b. Approximate dollar value of such dealing.

\$7500

12.a. Nature of interest held or income received.

DIVIDEND ON STOCK

12.b. Amount.

\$800

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

N/A

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount. \$ 6,300 Directors fees

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

Name of Person Filing <b>SCOTT MALCOLM</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>UNION BANK &amp; TRUST CO.</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>312 CENTRAL AVE SE</b>  City <b>MPLS.</b> <b>55414</b> State <b>MN</b> ZIP Code + 4	9. Business deals with:  a. Labor Organization  <input checked="" type="radio"/> b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <b>TWIN CITIES CARPENTERS AND JOINERS FRINGE BENEFIT FUNDS</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>SUITE 500</b>  Street <b>3001 METRO DRIVE</b>  City <b>Bloomington</b> <b>55425</b> State <b>MN</b> ZIP Code + 4	11.a. Nature of such dealing.  <b>OWNERSHIP OF 40 SHARES OF BANK. UNION BANK AND TRUST</b>  <hr/> 11.b. Approximate dollar value of such dealing. <b>\$7,500</b>  12.a. Nature of interest held or income received.  <b>VALUE OF STOCK IN UNION BANK AND TRUST APPROXIMATELY \$7,500</b>  <hr/> 12.b. Amount. <b>\$7,500</b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>N/A</b>  Street  City  State ZIP Code + 4	14.a. Nature of payment.  <b>N/A</b>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. <b>N/A</b>

